

Respiratory System Examination Checklist – 2019

Task	Degree	Case 1	Case 2	Case 3	Case 4	Case 5
WIPER (Wash your hand, Introduce yourself, Permission, Exposure, Reposition(for u..Rt side & ur pt)	0.25					
Ask about name & age						
General Inspection: ABCDE A. Appearance (well/unwell), Alertness (conscious,..) & Audible sounds (<i>stridor, wheeze, grunting or cough</i>) B. Posture & Body built (I will plot the weight on centile chart according to age) C. Colours (<i>cyanosis</i> , pallor & jaundice or plethoric face) D. <i>Distress</i> (<i>in form of:flaring AN, recession, accessory muscle use..</i>) Dysmorphic features & dehydration. E. Equipment (O2 mask or canula,nebulizer, suction, canula)	0.5					
Hands: Ask about pain-warm or cold hands- <i>clubbing</i> - <i>peripheral cyanosis-pallor</i> -tremors-pulse- eczema - BCG scar Muscle wasting, deformity, koilonychias & leukonychia if present	0.25					
Face: pallor- <i>cyanosis</i> Talk about jaundice, conjunctival congestion if present & ENT Examination(at the end)	0.25					
Neck: tracheal tug, accessory muscle use, swelling, visible pulsation, L.N(at end of examination)/JVP if present(at end of exam)	0.25					
Inspection: Read SMS Start from the end of bed & side of patient at the level of bed 1- Resp. Rate & Respiratory pattern 2- Shape (normal or specific <i>deformity</i>) & Symmetry (bulging or recession) 3- Movements (chest expansion) 4- Scar & other skin manifestation(pigmentation,veins)	0.5					
Palpation: PTCT 1- P: pain (ask about), Position of mediastinum (trachea & apex) 2- T: Tenderness (sternal & ribs) 3- C: Chest expansion: at 2 levels(xiphoid& nipple) 4- T: Tactile vocal fremitus	0.5					
Percussion : explain what you will do then percuss apex, 4 spaces at midclavicular & 2 spaces at midaxillary line (talk about: resonant, dull,stony dull,..)	0.5					
Auscultation: 1- Air entry: good bilateral equal/decrease/absent 2- Type of breathing: harsh vesicular/bronchial 3- Added sounds: crackles (fine or coarse), wheezes or rhonchi & their timing 4- Vocal resonance: same areas of auscultation 5- Heart: loudness of S2(pulm.HTN)	1					
Liver: upper border & palpate the liver edge	0.25					
Back: Inspection: deformity or scar /Palpation: pain(ask about) & chest expansion /Percussion: 8 spaces /Auscultation: as anterior	1					
Lower limbs: edema, clubbing	0.25					
Cover the patient & thanks	0.25					
I have to finish my examination by: checking other vital signs, anthropometric measures, L.N Exam, ENT Exam. & O2 saturation & ask for sputum sample & PEEP	0.25					
Summary -> Always mention(whether present or not): respiratory distress, cyanosis, clubbing & resp. rate -> Mention only if present: dysmorphic features, scars, mediastinal shift & lymphadenopathy -> Then: describe findings on palpation(mediastina shift, expansion & TVF), percussion & auscultation(breath sounds & added sounds) -> Then: say these findings are consistent with diagnosis	0.5					
Positive findings detection	1.5					
Diagnosis, differential diagnosis & investigations	2					
Note: In infant & toddler(local examination): start by auscultation then palpation & attempt to do percussion(may be not helpful)						

Prepared by Dr.Mohammed Alshehab	References: 1- Postgraduate clinical Examination, 3 rd Edition 2-MRCPCH Clinical, 3 rd Edition	3-Pediatric Exams; A Survival Guide, 2 nd Edition 4- Examination Pediatrics, 4 th Edition 5-Pediatric OSCE Stations,Dr. Zuhair Almusawi	6- Checklist & Notes of Dr.Ahmed Hudnah, Dr.Ahlam Abdulmalik, Dr. Afrah Almortadha, Dr.Samed Alsalemi & Dr M Aqlan
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